



LOW LEVEL RADIOACTIVE WASTE TRANSPORTATION PERMIT APPLICATION



Permit Number(s) IDHS Completed

Date Received IDHS Completed

1. Applicant Information (Person who is responsible for the shipment of low-level radioactive waste.)

Contact Name:

Title:

Organization Name:

Address:

City:

State:

Zip Code:

Email:

Phone:

Rev:12/14/07 IDHS Notes:

2. Anticipated low-level waste shipments (Attach additional sheets if needed)

Payment Enclosed
Circle One

Shipment Date	Shipment From	Shipment Destination	Amount Shipped (lbs or tons)		
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

3. Applicant signature.

Mail to: Attention Radiological Transportation Program Manager,
Indiana Department of Homeland Security 302 West Washington Street E-208
Indianapolis, IN 46204 Or FAX to: (317) 234-4009

Printed Name:

Signature:

Date: